

CITY OF SAN JOSE AUDIT RECOMMENDATION STATUS REPORT		Dept/Division			Quarter Ending:	
		Audit Report No.				
REC. NO.	RECOMMENDATION/RESPONSE  Print/Type Recommendation, if response is required, place directly below applicable recommendation	STATUS			IMPL OR TARGET DATE	
		Impl.	Partly Impl.	Not Impl.		
INSTRUCTIONS: 1. Enter audit recommendations number as shown in the audit report 2. Check appropriate column: Implemented partially implemented, or not implemented. 3. Enter date Implemented or the Target date for implementation. 4. See Section 196, City Admin. Manual for additional information.		SIGNATURES:  _____ Department Head/Date				_____ City Manager/Date